

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M17817** (1)

1. Corporation Name

K & N NURSERY, INC.



Principal Place of Business

**11690 SW 248 STREET
PRINCETON FL 33032
US**

Mailing Address

**11690 SW 248TH ST.
PRINCETON FL 33032
US**

3. Date Incorporated or Qualified
07/10/1985

3a. Date of Last Report
05/01/1995

4. FEI Number

59-2619578

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip

Country

24.

25.

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip

Country

29.

30.

9. Name and Address of Current Registered Agent

**NASH, CRAIG M.
6262 SUNSET DR.
PENTHOUSE #1
S MIAMI FL 33143**

10. Name and Address of New Registered Agent

81. Name

KERRY B. NASH

82. Street Address (P.O. Box Number is Not Acceptable)

8120 S.W. 62 PL.

83.

MIAMI, FL

84. City

FL

85.

Zip Code
33143

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change is authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Sections 607.0505, Florida Statutes.

SIGNATURE

Kerry B. Nash

KERRY B. NASH

4-27-96

DATE

12. OFFICERS AND DIRECTORS

TITLE **DPS** ☐ DELETE
NAME **NASH, KERRY BARBARA**
STREET ADDRESS **8120 S.W. 62ND PLACE**
CITY-STATE-ZIP **MIAMI FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP

2. TITLE ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP

3. TITLE ☐ Change ☐ Addition
3. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP

4. TITLE ☐ Change ☐ Addition
4. NAME
4. STREET ADDRESS
4. CITY-STATE-ZIP

5. TITLE ☐ Change ☐ Addition
5. NAME
5. STREET ADDRESS
5. CITY-STATE-ZIP

6. TITLE ☐ Change ☐ Addition
6. NAME
6. STREET ADDRESS
6. CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Kerry B. Nash

KERRY B. NASH

4-27-96

305-258-1869

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)